



MASTER LICENSE SERVICE
DEPARTMENT OF LICENSING
PO BOX 9048
OLYMPIA WA 98507-9048
Telephone (360) 664-1400
www.dol.wa.gov

**APPLICATION FOR:
CHANGE OF LIMITED LIABILITY COMPANY
MEMBER AND/OR MANAGER**

Master File No. (For Office Use Only)

UBI No.

FOR VALIDATION

01P-400-925-0003

List fee amount next to each license you hold and enter total fees due in the TOTAL AMOUNT DUE box below:

TYPE OF LICENSE HELD/FEE	AMOUNT DUE
Liquor.....\$75.00	\$
Lottery.....\$25.00	\$
Make check payable to the WASHINGTON STATE TREASURER.	TOTAL AMOUNT DUE
	\$

Note: Limited Liability Company changes should also be filed with the Washington Secretary of State.

LIMITED LIABILITY COMPANY INFORMATION				
Name of Limited Liability Company:			UBI No.	
Company Mailing Address: <i>Street or Route</i>			<i>City</i>	<i>State</i> <i>Zip Code</i>
Contact Name: <i>(Last, First, Middle)</i>			Contact Telephone No. <i>()</i>	Company Telephone No. <i>()</i>
				Company Fax No. <i>()</i>
MEMBER/MANAGER INFORMATION				
Member/Manager #1	Name of Member/Manager: <i>(Last, First, Middle)</i>		Social Security No.	
	Home Address: <i>(Street or Route)</i>		<i>City</i>	<i>State</i> <i>Zip Code</i>
	Day Telephone No. <i>()</i>	Evening Telephone No. <i>()</i>		Percentage of Interest in Business
	Name of Member's Spouse: <i>(Last, First, Middle)</i>		Spouse Social Security No.	
Member/Manager #2	Name of Member/Manager: <i>(Last, First, Middle)</i>		Social Security No.	
	Home Address: <i>(Street or Route)</i>		<i>City</i>	<i>State</i> <i>Zip Code</i>
	Day Telephone No. <i>()</i>	Evening Telephone No. <i>()</i>		Percentage of Interest in Business
	Name of Member's Spouse: <i>(Last, First, Middle)</i>		Spouse Social Security No.	
Member/Manager #3	Name of Member/Manager: <i>(Last, First, Middle)</i>		Social Security No.	
	Home Address: <i>(Street or Route)</i>		<i>City</i>	<i>State</i> <i>Zip Code</i>
	Day Telephone No. <i>()</i>	Evening Telephone No. <i>()</i>		Percentage of Interest in Business
	Name of Member's Spouse: <i>(Last, First, Middle)</i>		Spouse Social Security No.	

Attach additional sheets in the same format if necessary

Under penalty of perjury, I hereby certify there have been no changes in members and/or managers that have not been reported, and that each member/manager is the real party of interest with respect to his/her position and is not acting directly or indirectly as an agent, employee, or representative of any other person not reported. The undersigned certifies on behalf of the company that it is understood a misrepresentation of fact is cause for rejection of this application or revocation of any license issued.

Name (please print)

Title

X

Signature

Date

